

**GOVERNOR'S INTERAGENCY COORDINATING COUNCIL FOR THE
PREVENTION OF ALCOHOL AND OTHER DRUG PROBLEMS
GOVERNOR'S PREVENTION ADVISORY COUNCIL
February 27, 2004 - 9:30 a.m. – 12:30 p.m.**

MINUTES

The sixth meeting of the Governor's Prevention Advisory Council (GPAC) was convened at 9:30 a.m. on February 27, 2004, at the Department of Alcohol and Drug Programs (ADP). These minutes provide a brief summary of the discussions and decisions made during the Council meeting.

INTRODUCTIONS

Director Kathy Jett and Michael Cunningham, Deputy Director of ADP's Prevention Services Division (PSD), welcomed the Council members and guests and reviewed the agenda for the meeting. Full attendance of the Council members is attached.

Director Jett introduced Jan Boel, Acting Director of the Governor's Office of Planning and Research. Ms. Boel will be participating on this Council as the Governor's representative for the California Screening, Brief Intervention, Referral and Treatment (CASBIRT) Program.

With regards to Council membership, Director Jett announced that Angela Coron, Department of Health Services, and Sylvia Pizzini, Department of Social Services, are no longer GPAC members. Commissioner Helmick, California Highway Patrol, was not able to attend this meeting, however, Assistant Commissioner Gary Townsend attended on his behalf.

Guest speakers for this GPAC meeting included:

- Dennis Kelso, Ph.D., Director, Altam Associates, Inc.
- Linda Peek, Associate Director, Altam Associates, Inc.
- Jovita Juarez, Latinos/Latinas for Health Justice
- Martha Munoz, Latinos/Latinas for Health Justice

Other guests included Jim Kooler and Pam Rima from California Friday Night Live Partnership (FNL); Maureen Sedonaen, Youth Leadership Institute (YLI); Amy Dean, Senator Dede Alpert's office; Gwen Oliver, UCD Cowell Student Health Center; and Robin Rutherford, California Department of Education.

COUNCIL PROJECTS

California Screening, Brief Intervention, Referral and Treatment (CASBIRT) Program –

Guest Speakers: Dennis Kelso, Ph.D., Director, Altam Associates, Inc.
Linda Peek, Associate Director, Altam Associates, Inc.

Herman I. Diefenhaus, Ph.D., who is with the Center for Substance Abuse Treatment in Washington, D.C., and is the federal project officer for the CASBIRT Program, participated in the GPAC meeting via teleconference.

Michael Cunningham provided an overview of the grant program, then introduced Dennis Kelso and Linda Peek from Altam Associates, Inc. (Altam is the provider of the screening, brief intervention, referral and brief treatment services currently being delivered in San Diego County.) Accompanied by a powerpoint presentation, Dr. Kelso and Ms. Peek did an excellent job of providing an in-depth “look” at the CASBIRT Program (i.e., purpose, goals, objectives, system change, etc.). The following are some of the questions raised by Council members after the presentation by Dr. Kelso and Ms. Peek:

Q: What triggers the need for AOD services? How does screening occur?

A: All patients who are present in the emergency department (ED) or other healthcare site are screened. Just as all patients have their temperature and blood pressure taken, all patients are interviewed about their alcohol, drug and medication use. Non-users, non-dependent users and dependent users each receive clinically appropriate interventions or referrals based on their risk levels.

Q: How do you expect to persuade, train healthcare practitioners to change their operational procedures (e.g., do screenings)? Are grant funds going to be used to pay for screening, training, etc.?

A: The CASBIRT model overcomes the primary obstacle to physicians conducting screenings and interventions – lack of time. CASBIRT funds are used to hire and train peer health educators who work as members of the medical team providing screening, brief intervention and referral services directly to patients and transferring the results of the screenings (alcohol/drug use) to physicians for use in diagnosis and treatment. The focus is on delivering these services to patients, rather than on getting doctors to screen their patients. CASBIRT uses a practical service delivery model that facilitates implementation of these evidence-based services so that patients, healthcare agencies and communities can benefit. Benefits include reduced drug and alcohol use, reduced ED visits, reduced trauma recidivism, shorter hospital stays, reduced alcohol-related traffic crashes and crime.

Q: When this system becomes operational, it seems that you would identify individuals who do need higher levels of care. How is that addressed?

A: Patients who score at a level indicating they may be dependent on alcohol and/or drugs will be referred for further assessment and treatment. CASBIRT funds will be used to pay for specialized treatment for those referrals. In addition, CASBIRT services include brief treatment (up to six sessions) for individuals who are at high-risk and might otherwise have been sent to specialized treatment. This will help mitigate the impact of increased screening on the current treatment system. Our experience has shown that about half the patients have health insurance. These individuals will be referred to their behavioral health provider for further assessment and treatment, again mitigating the impact on the public alcohol/drug treatment system.

Q: What services are offered to “moderate” drinkers?

A: All patients are screened using valid and reliable instruments and receive immediate feedback and interventions during their medical visit. Low-risk drinkers (men – less than 14 drinks/week, no more than 4 drinks on a single

occasion; women – less than 7 drinks/week, no more than 3 drinks on a single occasion) receive education and reinforcement to maintain their low-risk patterns. At-risk drinkers receive a brief intervention and up to five “boosters” (follow-up calls, on-line tutorials, etc.) to motivate them to reduce their drinking to the physician recommended limits. High-risk drinkers receive a brief intervention to motivate them to participate in up to six brief counseling sessions to assist them in reducing their consumption.

Q: How does linkage from research connect to health centers in higher education? College centers are outside of mainstream medical healthcare systems. College health centers could be a very good source of potential candidates for intervention or treatment service.

A: College health centers are an excellent setting for screening and brief intervention services. Screening instruments are readily available and there are step-by-step manuals that can be used to implement the services. The service delivery and management system to accomplish widescale screening across multiple sites is complex; however, on a small scale, if there is interest and time available, it is relatively easy to do.

Q: What percent of the adult population are problem users?

A: Approximately thirty percent of men and twenty percent of women fall in the at-risk category.

Q: What is the minimum age for screening and services?

A: 18 years of age.

Subcommittee on Adolescent High Risk AOD Use Patterns - Update

A brief report on the Subcommittee to review high rate AOD use among the adolescent population was provided by Meredith Rolfe. While prevention efforts have made an overall impact, data suggests that approximately 20 to 30 percent of high schoolers continue to use AOD at dangerously high levels. This Subcommittee has been formed to examine this issue in more detail and identify potential interventions. Joël Phillips of the Center for Applied Research Solutions (CARS) will facilitate this process.

The first teleconference involving the three Subcommittee members was held on February 24, 2004. Four areas were covered: data needs, potential services and interventions (e.g., student assistant programs), membership and meeting structures.

- Data needs - The group identified the need for additional demographic information about this subgroup, as well as information on consumption rates by schools and geographic locations. Trend changes over time will be needed as well. WestEd will assist in this analysis. (WestED is a nonprofit research, development, and service agency whose specialties include education assessment and accountability; early childhood and youth development; program evaluation; community building; and policy analysis.)
- Potential Services – The group identified the need for information on potential intervention services for this population. A literature review will be conducted.

- Membership – The Subcommittee will expand the membership group to include additional researchers and professionals to provide the youth intervention services.
- Meeting structure – The group anticipates meeting three to four times over a six month period.

As the Subcommittee wants to include youth in the planning and discussion, contacts with FNL/YLI will be made. The Subcommittee will provide an update at each scheduled GPAC meeting, with a recommendation to the Council in six months.

Strategic Planning Workgroup – Strategic Plan on Binge Drinking

At the prior GPAC meeting in December, some concerns about the terminology “binge drinking” surfaced. Several Council members were concerned that the term might be perceived narrowly as a one-time event and that it did not reflect the definition used in a recent National Academy of Science publication on underage drinking. Research on the current literature was done by PSD staff, Lauren Tyson, ABC, and Joël Phillips, CARS, and the recommendation was to **not** change the term “binge drinking.” The Council approved amending the “Forward and Acknowledgements” section of the Plan to include an explanation as to why the term “binge drinking” was used in the Plan. Using an alternative term, such as “problem drinking,” would involve a potential broad range of problem behaviors beyond the scope or intent of the initial Workgroup. The term binge drinking is the only one that covers the focus of the Strategic Plan.

The Strategic Plan will be revisited on an ongoing basis to ensure the strategies and goals are appropriate. The next step will be pulling stakeholders together to develop an implementation plan for the Binge Drinking Strategic Plan.

State Incentive Grant (SIG) Program – Update

SIG focuses on the 12-25 year old age group with a primary focus on binge drinking behaviors and related community problems. The evaluation contract for the SIG has been delayed due to the State contracting freeze.

A site visit from staff from the Center for Substance Abuse Prevention (CSAP), as well as individuals from other SIG states, has been scheduled for March 3-4, 2004. California is unique in its emphasis on community prevention that makes use of environmental and public policy interventions to moderate underage binge drinking and related community problems.

SIG Evaluation Workgroup – Update

Formation of the SIG Evaluation Workgroup is complete. Mahnaz Dashti from ADP’s Office of Applied Research and Analysis announced the names of the Workgroup members to the Council. There are five members, two from GPAC: Susan Nisenbaum, Dept. of Social Services; Lauren Tyson, Dept. of Alcoholic Beverage Control; Mark Duerr, Duerr Evaluation Resources; Heather Dunn Carlton, CSU Sacramento; and Robin Rutherford, CA Dept. of Education. Council Member Cathryn Nation indicated that Cathy Kodama, UC Berkeley, was interested in joining the Workgroup. (Ms. Kodama has been contacted and her name has been added to the SIG Evaluation Workgroup membership list.) Mahnaz informed the Council that others are still welcome to join the Workgroup. Also, once the contract with the SIG Evaluator

(CSU Long Beach) has been executed, a meeting will be scheduled to introduce the Workgroup to the Council.

SPECIAL PRESENTATION

Latinos/Latinas for Health Justice – “Taking Back Our Culture” Campaign

Guest Speakers: Jovita Juarez, North City Prevention Coalition in San Diego
Martha Munoz, San Joaquin County Prevention Services

A powerful presentation on the alcohol industry’s adoption of cultural events, in this instance Cinco de Mayo, to promote their products was given by Jovita Juarez and Martha Munoz, representatives from the Latinos/Latinas for Health Justice.

Information on the history of Cinco de Mayo and how the alcohol industry has increasingly encroached on this celebration to promote drinking was effectively shared with the Council members. A packet of information was provided to Council members. Interest by several Council members to have Ms. Juarez and Ms. Munoz give a presentation at other occasions was expressed. The Latinos/Latinas for Health Justice is looking for additional funding to support material development and presentation.

ANNOUNCEMENTS – Director Jett

A resource binder on drug testing will be available through ADP’s Resource Center. This binder includes information on the use of drug testing in public schools.

The Statewide Youth Leadership Training, which is sponsored by FNL/YLI, is scheduled for April 7-10 in Santa Clara.

The next GPAC meeting is scheduled for May 21, 2004.

The meeting adjourned at 12:30 p.m.

Attachments: Agenda and Attendance List

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February 27, 2004 - 9:30 a.m.– 12:30 p.m.

**Department of Alcohol and Drug Programs
1700 K Street, First Floor Conference Room
Sacramento, California 95814**

AGENDA

OPENING

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| 1. Opening Remarks - Kathy Jett | 9:30 – 9:35 |
| 2. Meeting Review - Michael Cunningham | 9:35 – 9:40 |
| 3. Introductions - All | 9:40 – 9:50 |

COUNCIL PROJECTS

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| 4. California Screening, Brief Intervention, Referral and Treatment
(CASBIRT) Program - Kathy Jett/Michael Cunningham | 9:50 – 10:50 |
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Guest Speakers: Dennis Kelso, Ph.D., Director, Altam Associates, Inc.
Linda Peek, Associate Director, Altam Associates, Inc.

- BREAK -	10:50 – 11:05
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| 5. Subcommittee on Adolescent High Risk AOD Use Patterns – Update
- Meredith Rolfe, CA Dept. of Education | 11:05 – 11:15 |
| 6. Strategic Planning Workgroup - Strategic Plan on Binge
Drinking - Kathy Jett/Michael Cunningham | 11:15 – 11:35 |
| 7. State Incentive Grant (SIG) Program – Update
- Kathy Jett/Michael Cunningham | 11:35 – 11:45 |
| 8. SIG Evaluation Workgroup - Update - Mahnaz Dashti, Office of
Applied Research & Analysis | 11:45 – 11:50 |

SPECIAL PRESENTATION

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| 9. Latinos/Latinas for Health Justice – “Taking Back Our Culture”
Campaign - Jovita Juarez, North City Prevention Coalition
in San Diego, and Martha Munoz, San Joaquin County
Prevention Services | 11:50 – 12:15 |
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<u>ANNOUNCEMENTS</u> - Kathy Jett	12:15 – 12:25
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<u>SUMMARY/CLOSING</u> - Kathy Jett	12:25 – 12:30
<ul style="list-style-type: none">• Next steps	

{Reminder: The next GPAC meeting is tentatively scheduled for May 21, 2004.}